

Project WILD Facilitator Reporting Form

Please complete after workshop and return to the Project WILD Coordinator within 2 business days of the workshop. Include copies of the evaluations, checks and sign-up sheets.

Facilitator Name:

Date of Workshop:

Location of Workshop:

Number of Participants

Type of Workshop: PW, AWC, PLT, Combined, GUW, Science & Civics

Length of Workshop:

For Credit (y/n)

Number, institution and type of credit

Describe audience demographics (ie teachers, group leaders, parents, etc)

Describe overall participation response: